

# STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 18 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(	s) Debra \	anderbeek, Robe	rt Clegg, Periklis Karoutas	, Leann Moccia
II. Name of lobbyist'	s partnership, firm (	or corporation, if a	ny:	
Legis	lative Solutions, L.L	.C.		
(Nar	ne of partnership, firm o	r corporation)		
P.(	D. Box 10724	Bedford	NH	03110
Business Address: (St	reet)	(Town/City)	(State)	(Zip Code)
( ) 603-986-914	5 (	)	e-mail dbeek(	@aol.com
(Telephone)		(Fax	)	
reportable expense t	ransactions which ar	e not attributable	to any one client).	may file a separate report for
☐ All reportable tran	_	·	the reporting date relative to	o the following client:
-		Camp Directors As	ssociation bbbyist Registration Form)	
OR	(Full Name of Chem	as it appears on the Ec	booyist Registration Form)	
		st (including the lob	obyist's family), or the lobby	ving firm listed below which are
IV. Date of Report Reports cover: activ	April 26, 2017 🖄		July 26, 2017 activity from 4/1/17 to 6/36	V17
	October 25, 2017 activity from 7/1/17 to		January 31, 2018 [ activity from 10/1/17 to 12	
		_	e transactions made sinc he Secretary of State's Offic	<u>-</u>
VI. Check if addition	nal reports are attacl	ıed:		
	-		file Addendum A– Fees and	d Expenses
☐ If you have paid a Expense Reimbursem		bursed expenses, yo	ou must file Addendum B-	Report of Honorariums or
☐ If you, your firm,	or your family has m	ade political contrib	utions, you must file Adder	ndum C-Political Contributions
Sworn Statement/Af I have read RSA 15, F and complete to the be (Signature of lobbyis Debra Vanderbeek	RSA 15-B, RSA 14-C	and RSA 664 and h	•	he foregoing information is true <u>                                     </u>
(Print Name of lobby	ist)	<del> </del>		

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#### STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.  (Name of partnership, firm or corporation)	
III. Name of Client NH Camp Directors Association	Date April 18, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 1500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>1500.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of a lee: meals purchased during a business st than \$10 that is given to the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 for lee of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 1500.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>15</u> 00.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
- Definition	April 18, 2017
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation:	Legislative Solutions
Name of Client (leave blank if Statement is for the partr	ership, firm, or corporation and not related to any
particular client):	fors Association
Date of Report (check one):	
April 26, 2017 D July 26, 2017 D October	r 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statemethe following Addendums submitted with that Statemes submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.  (Signature of lobbyist)	on the Statement and each Addendum is true and    April   8   0   1   7   18   18   18   18   18   18
Robert Clegg	
(Print Name of Johnvist)	

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

### Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Legislative Solutions
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  A H Camp Dimetra 5 A SSCLIPTION
Date of Report (check one):
April 26, 2017 ☐ July 26, 2017 ☐ October 25, 2017 ☐ January 31, 2018 ☐
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  Periklis Karoutas
(Print Name of lobbyist)

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

## Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Legislative Solutions
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  A PRICE ASSOCIATION
Date of Report (check one):
April 26, 2017 ☐ July 26, 2017 ☐ October 25, 2017 ☐ January 31, 2018 ☐
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)    Add   18   30   7   7   7   7   7   7   7   7   7
Leann Moccia (Print Name of lobbyist)